

FOR

⋖

AMENDMENT

**AMENDMENT** 

Total

Independent

Total

(37 CFR 1.16(c))

Independent

(37 CFR 1.16(b))

BASIC FEE

(37 CFR 1.16(a)) TOTAL CLAIMS

(37 CFR 1.16(e))

(37 CFR 1.16(b))

**AFTER** 

**AMENDMENT** 

Minus

Minus



FEE

OR

OR

OR

FEE

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

## HARRIS 1-1 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) NUMBER EXTRA NUMBER FILED RATE **FEE** RATE FEE s740 OR 3 minus 20 = 0 OR x 5 [ 8 0 INDEPENDENT CLAIMS 84 = 84 minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 280 = 0 OR 0 824.4 OR TOTAL TOTAL \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL

**EXTRA** 

x S

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI- $\mathbf{\omega}$ REMAINING NUMBER PRESENT RATE **TIONAL** TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING

**PRESENT** 

**EXTRA** 

(37 CFR 1.16(d))

**RATE** 

TOTAL

ADDIT. FEE

TIONAL

FEE

RATE

TOTAL

ADDIT. FEE

OR

OR

OR

OR

OR

TIONAL

FEE

**PREVIOUSLY** 

PAID FOR

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Minus

**AFTER** 

AMENDMENT

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

NUMBER

PREVIOUSLY

PAID FOR

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

HARRIS 1-1

		CLAIMS AS	S FILED - PART I				MALL EN	ITITY	OTHER THAN				
			(Column 1)		(Column 2)		Т	TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS			13					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			13 minus 20=		* 6			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			√ minus 3 =		* /			X42=		OR	X84=	84	
MU	LTIPLE DEPEN	RESENT	ESENT				+140=		OR	+280=			
* If	the difference	in column 1 is	less than z	ero, ente	r "0" in c	"0" in column 2		TOTAL		OR	TOTAL	824	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)		(Colu		(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	****	HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X42=		OR	X84=		
_	FINST PRESE	NIATION OF W	OLITEL DE	FLINDLIN	CLAIN			+140=		OR	+280=		
								TOTAL		OR	TOTAL ADDIT. FEE	-	
		(Calumn 1)		/Colu	mn 0\	(Column 3)	Al	ODIT. FEE			ADDII. FEE		
_		(Column 1) CLAIMS			mn 2) HEST	(Coldinii 3)	Г		ADDI-	1	· · · · · · · · · · · · · · · · · · ·	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF W	OLTIPLE DE	FEINDEIN	CLAIN			+140=		OR	+280=		
							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus .	***	T C1 A11	=		X42=		OR	X84=		
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
	If the entry in colu	ımn 1 is less than	the entry in co	lumn 2, writ	te "0" in co	lumn 3.	L	TOTAL		1	TOTAL		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												